

87 Nepperhan Ave
Room 212
Yonkers, NY 10701

CITY OF YONKERS
SECOND HAND DEALER
LICENSE APPLICATION

Phone: 914-377-3000
Fax: 914-377-6811
Website:
www.YonkersNY.gov

INSTRUCTIONS FOR USING THIS FORM

Please Note:

If the required supporting documents are not submitted with the application, it will result in the delay and/or denial of the application.

Requirements:

1. Application must be signed by the applicant before a Notary Public.
2. If applicant is a member of a partnership or sole proprietor of the business and it is located within the County of Westchester, a copy of the Business Certificate obtained from the County Clerk (995-2000) of Westchester County must be provided. If applicant is a corporation, copy of Certificate of Incorporation or filing receipt must be submitted.
3. Application must be submitted with a certificate of insurance in the amount of \$10,000.00 with the City of Yonkers being named the certificate holder.
4. Provide a copy of a valid NYS Driver's License issued by the Motor Vehicle Department. If you do not have NYS Driver's License, a copy of a Motor Vehicle issued NY State ID Card is required.
5. Application must be submitted with a copy of the New York State Certificate of Authority for Sales Tax. If you do not have this certificate you should call the Department of Taxation & Finance at (914) 933-2204.
6. Make checks payable to the City of Yonkers.

LICENSING FEES AND EXPIRATION DATE

\$170.00/term

License expires December 31st, following date of issuance.

INFORMATION FOR ALL OWNERS, PARTNERS, CORPORATE OFFICERS

NAME	ADDRESS	SOCIAL SECURITY #	PHONE #

License #: _____

Date Issued: _____

Philip A. Amicone, Mayor
Office of Municipal Code Violations Frank J. McGovern, Executive Director
Consumer Protection Bureau Kerry O'Brien, Director

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Pursuant to the provisions of the Code of the City of Yonkers, I the undersigned respectfully petition for the below-listed license in the City of Yonkers, and for that purpose, I hereby provide the following answers to the questions contained herein.

Name: _____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell #: _____ E-mail: _____

Date of Birth: _____ Sex: _____ Height: _____ Hair Color: _____ Eye Color: _____

Are you a citizen of the United States? _____

If not, please provide a copy of your INS A Card and #: _____

Type of Business (if incorporation, please state): _____

Address: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

Have you ever been arrested or convicted of a crime? _____

If yes, explain: _____

Type of Goods to be sold: _____

Name of premises to be licensed as a dealer: _____

Address: _____ Telephone: _____

Is property owned or leased by applicant? _____

If leased, give names and addresses of owners: _____

Has applicant ever had a previous license? _____ If yes, what type of license: _____

Has applicant ever had a license denied or revoked? _____

If yes, provide explanation: _____

Philip A. Amicone, Mayor
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I, _____, being duly sworn, deposes and says that all of the answers in the foregoing application are true.

Signature/Date: _____ Print name: _____

Notary Public

Philip A. Amicone, Mayor
Office of Municipal Code Violations Frank J. McGovern, Executive Director
Consumer Protection Bureau Kerry O'Brien, Director



City of Yonkers
POLICE DEPARTMENT
104 South Broadway
Yonkers, New York 10701
377-7235

STATE OF NEW YORK)
COUNTY OF WESTCHESTER)
CITY OF YONKERS) SS:

I, _____,

Being duly sworn, depose and state that I am _____ years of age, being born on the
_____ day of _____, 20_____, in the City/Town/Village of _____
_____, in the State of _____.

I presently reside at _____,
in the City/Town/Village _____,
State of _____, with my _____.

I am presently employed as a _____,
by _____.

I do hereby solemnly swear under oath that I have never been arrested or convicted of
any crime, anywhere or at any time.

I make this statement with full knowledge that if same is not the truth, I will be liable
to the criminal charge of perjury for giving false information.

Signed: _____

Witness: _____

Witness: _____

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____, 20____.
